

Case Number:	CM14-0109424		
Date Assigned:	08/01/2014	Date of Injury:	06/22/2010
Decision Date:	10/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 year old female injured on 06/22/10 due to a fall with positive loss of consciousness. The injured worker was transported to emergency department via EMS with diagnostic studies noted to be negative for severe pathology. The injured worker diagnosed with scalp contusion and cervical strain. The injured worker suffered multiple falls as a result of post concussive vertigo. The injured worker underwent conservative treatment for closed head injury and vertigo in addition to depression, carpal tunnel syndrome, cervical spine strain, and right rotator cuff injury. Documentation indicated the injured worker underwent upper extremity surgical intervention in 2008 with ongoing pain postoperatively. Diagnoses include status post closed head injury with vertigo, fall secondary to vertigo causing fracture of distal ulna in 2013, C2 through C7 disc bulges with chronic right C6 radicular pain, and right rotator cuff injury related to multiple falls. Clinical note dated 05/14/14 indicated the injured worker presented complaining of increasing pain along the left intrascapular border, trapezius muscles, and extending the left parietal region rated at 8/10. Documentation indicated the injured worker adequately controlled pain with Norco 10/325mg 3 times daily and Nabumetone 550mg twice daily. The injured worker was able to work part-time and perform activities of daily living at home with the use of medications. Documentation indicated the injured worker's Norco reduced by 33%. Request for greater occipital nerve block submitted. The initial request was non-certified on 06/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Prospective request for 1 prescription of Norco 5/325mg (unspecified quantity):

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, criteria for use..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. The injured worker was able to work part-time and perform activities of daily living at home with the use of medications. Documentation indicated the injured worker's Norco reduced by 33%. As such, Prospective request for 1 prescription of Norco 5/325mg (unspecified quantity) is recommended as medically necessary at this time.

Prospective request for 1 prescription of Mobic 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic) Page(s): 61.

Decision rationale: Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) used for the relief of the signs and symptoms of osteoarthritis. There is no indication the patient has been diagnosed with or has prior history of osteoarthritis caused by surgical intervention, etc. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. There is no indication the patient cannot utilize a readily available over-the-counter NSAID when required on an as needed basis. As such, the Prospective request for 1 prescription of Mobic 7.5mg #60 cannot be recommended as medically necessary at this time.

Prospective request for 1 prescription of Flexeril 10mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks)

treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Prospective request for 1 prescription of Flexeril 10mg, #30 cannot be recommended as medically necessary.